

PCT
POWER OF ATTORNEY

The undersigned, **Robert Anthony Mook, Jr.**, a citizen of the United States of America
Whose address is: **GlaxoSmithKline, Five Moore Drive**
PO Box 13398, Research Triangle Park, NC 27709 United States of America

hereby makes, constitutes and appoints:

Virginia C. Bennett	Robert H. Brink	Michael M. Conger	Charles E. Dadswell
Bonnie Deppenbrock	Amy H. Fix	Frank P. Grassler	John Lemanowicz
David J. Levy	Lorie Ann Morgan	Karen L. Prus	James P. Riek
Robert J. Smith	J. Michael Strickland		

all of: GlaxoSmithKline, Corporate Intellectual Property, Five Moore Drive, PO Box 13398, Research Triangle Park, North Carolina 27709 USA, and

Stephen Venetianer	Wayne J. Dustman	William T. Han	Kirk Baumeister
James M. Kanagy	William T. King	Nora Stein-Fernandez	Yuriy P. Stercho
Linda E. Hall	Mary E. McCarthy	Edward R. Gimmi	Soma G. Simon
Charles M. Kinzig	Dara L. Dinner	Loretta J. Henderson	William R. Majarian
Zoltan Kerekes			

all of: GlaxoSmithKline, Corporate Intellectual Property, 709 Swedeland Road, King of Prussia, Pennsylvania 19406-0939, USA,

as attorneys to act on applicant's behalf before the United States Patent & Trademark Office, an Office of the Patent Cooperation Treaty, or any foreign Patent Office in connection with any and all national and international applications filed by applicant to make or receive payments on applicant's behalf and to appoint additional agents or attorneys for purpose of acting before a PCT International Preliminary Examining Authority, and.

Alison Blakey; Karen Crawley; Anthony C Connell; Marcus J William Dalton; Hugh B Dawson; Peter I Dolton; Richard L Easeman; Wendy A Filler; Peter J Giddings; Ruth E Hackett; Sian C Hockley; Peter P Lawton; Stephanie A Learoyd; Michael J Lubienski; Kathryn L Privett; Helen K Quillin; Michael A Reed; Marion L Rees; Julie F Reeves; David Roberts; Brian J Russell; Keith Rutter; Robert Stephen; Michael J Stott; Andrew J Teuten; Clive B Thompson; Rachel M Thornley; Arthur W R Tyrrell; Jill B Valentine; Ralph F Walker; David M Waters; Vivien West; and Susan M White, all of: GlaxoSmithKline, Corporate Intellectual Property, CN925.1, 980 Great West Road, Brentford, Middlesex, TW8 9GS, Great Britain,

as attorneys to act on applicant's behalf before the PCT International Bureau, or any foreign Patent Office in connection with any and all national and international applications filed by applicant to make or receive payments on applicant's behalf and to appoint additional agents or attorneys for purpose of acting before a PCT International Preliminary Examining Authority.

Signature



Date

10/20/03

Place

Durham, NC

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET
PU4870USw

First Names Inventor:
Andrews

Complete if known:
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THIOPHENE COMPOUNDS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on _____ as United States application Serial No. _____ or PCT International

Application Number PCT/US03/24272 filed August 4, 2003 and was amended on (MM/DD/YYYY)
_____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/402,008	08/08/2002
2.	

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

 ATTORNEY'S DOCKET NUMBER
PU4870USW

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
 Customer Number 23347 and Customer Number 20462

 Address all correspondence and telephone calls to Customer Number 23347

David J. Levy
 Corporate Intellectual Property
 GlaxoSmithKline
 Five Moore Drive, PO Box 13398
 Research Triangle Park, NC 27709-3398

Direct Telephone Calls to:

Lorie Ann Morgan
 919-483-8222

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1 - 00 2 0 1	FULL NAME OF INVENTOR	FAMILY NAME ANDREWS, III	FIRST GIVEN NAME Clarence	SECOND GIVEN NAME/INITIAL W
	INVENTOR'S SIGNATURE	Signature <i>Clarence W. Andrews III</i>		Date: 10-10-03
	RESIDENCE & CITIZENSHIP	CITY Durham NC	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline, Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP CN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME DAVIS-WARD	FIRST GIVEN NAME Ronda	SECOND GIVEN NAME/INITIAL G
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

204	FULL NAME OF INVENTOR	FAMILY NAME DREWRY	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL Howard
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
5-00205	FULL NAME OF INVENTOR	FAMILY NAME EMMITTE	FIRST GIVEN NAME Kyle	SECOND GIVEN NAME/INITIAL Allen
	INVENTOR'S SIGNATURE	Signature <i>Kyle D. Emmitte</i>		Date: 10/10/2003
	RESIDENCE & CITIZENSHIP	CITY Durham NC	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
206	FULL NAME OF INVENTOR	FAMILY NAME HUBBARD	FIRST GIVEN NAME Robert	SECOND GIVEN NAME/INITIAL Dale
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
207	FULL NAME OF INVENTOR	FAMILY NAME KUNTZ	FIRST GIVEN NAME Kevin	SECOND GIVEN NAME/INITIAL W
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
208	FULL NAME OF INVENTOR	FAMILY NAME LINN	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Andrew
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
209	FULL NAME OF INVENTOR	FAMILY NAME MOOK, Jr	FIRST GIVEN NAME Robert	SECOND GIVEN NAME/INITIAL Anthony
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

Page 4 of 4

2 1 0	FULL NAME OF INVENTOR	FAMILY NAME SMITH	FIRST GIVEN NAME Gary	SECOND GIVEN NAME/INITIAL Keith
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 1 1	FULL NAME OF INVENTOR	FAMILY NAME VEAL	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Marvin
	INVENTOR'S SIGNATURE	Signature <i>[Handwritten Signature]</i>		Date: 9-26-2003
	RESIDENCE & CITIZENSHIP	CITY Apex NC	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 8916 Weaver Crossing Road	CITY Apex	STATE & ZIP CODE/COUNTRY North Carolina 27502, US

BEST AVAILABLE COPY

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY <input type="checkbox"/> Declaration submitted with initial filing or <input type="checkbox"/> Declaration submitted after initial filing (surcharge required 37CFR1.16(e))	ATTORNEY'S DOCKET PU4870USw
	First Names Inventor: Andrews
	<u>Complete if known:</u> App No.:
	Filing Date
Group Art Unit:	

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THIOPHENE COMPOUNDS

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on _____ as United States application Serial No. _____ or PCT International

Application Number PCT/US03/24272 filed August 4, 2003 and was amended on (MM/DD/YYYY)
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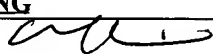
I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or § 365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

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2.	

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4870USW
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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION				
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<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462</p>				
Address all correspondence and telephone calls to Customer Number 23347 David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398			Direct Telephone Calls to: <div style="text-align: center;">Lorie Ann Morgan 919-483-8222</div>	
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2 0 1	FULL NAME OF INVENTOR	FAMILY NAME ANDREWS, III	FIRST GIVEN NAME Clarence	SECOND GIVEN NAME/INITIAL W
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline, Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature 		Date: 10/7/03
	RESIDENCE & CITIZENSHIP	CITY Durham NC	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP CN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME DAVIS-WARD	FIRST GIVEN NAME Ronda	SECOND GIVEN NAME/INITIAL G
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

2 0 4	FULL NAME OF INVENTOR	FAMILY NAME DREWRY	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL Howard
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
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2 0 5	FULL NAME OF INVENTOR	FAMILY NAME EMMITTE	FIRST GIVEN NAME Kyle	SECOND GIVEN NAME/INITIAL Allen
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
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6-00 2 0 6	FULL NAME OF INVENTOR	FAMILY NAME HUBBARD	FIRST GIVEN NAME Robert	SECOND GIVEN NAME/INITIAL Dale
	INVENTOR'S SIGNATURE	Signature 		Date: 10/25/03
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 7	FULL NAME OF INVENTOR	FAMILY NAME KUNTZ	FIRST GIVEN NAME Kevin	SECOND GIVEN NAME/INITIAL W
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
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2 0 8	FULL NAME OF INVENTOR	FAMILY NAME LINN	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Andrew
	INVENTOR'S SIGNATURE	Signature		Date:
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2 0 9	FULL NAME OF INVENTOR	FAMILY NAME MOOK, Jr	FIRST GIVEN NAME Robert	SECOND GIVEN NAME/INITIAL Anthony
	INVENTOR'S SIGNATURE	Signature		Date:
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2	FULL NAME OF INVENTOR	FAMILY NAME SMITH	FIRST GIVEN NAME Gary	SECOND GIVEN NAME/INITIAL Keith
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
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2	FULL NAME OF INVENTOR	FAMILY NAME ANDREWS, III	FIRST GIVEN NAME Clarence	SECOND GIVEN NAME/INITIAL W
	INVENTOR'S SIGNATURE	Signature		
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline, Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP CN
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2	FULL NAME OF INVENTOR	FAMILY NAME DAVIS-WARD	FIRST GIVEN NAME Ronda	SECOND GIVEN NAME/INITIAL G
	INVENTOR'S SIGNATURE	Signature <i>Ronda L. Davis-Ward</i>		
0	RESIDENCE & CITIZENSHIP	CITY Durham NC	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

4-002	FULL NAME OF INVENTOR	FAMILY NAME DREWRY	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL Harold
	INVENTOR'S SIGNATURE	Signature <i>David Marshall Drewry</i>		Date: <i>Feb 8, 2003</i>
	RESIDENCE & CITIZENSHIP	CITY Durham NC	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2-005	FULL NAME OF INVENTOR	FAMILY NAME EMMITTE	FIRST GIVEN NAME Kyle	SECOND GIVEN NAME/INITIAL Allen
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2-006	FULL NAME OF INVENTOR	FAMILY NAME HUBBARD	FIRST GIVEN NAME Robert	SECOND GIVEN NAME/INITIAL Dale
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2-007	FULL NAME OF INVENTOR	FAMILY NAME KUNTZ	FIRST GIVEN NAME Kevin	SECOND GIVEN NAME/INITIAL W
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2-008	FULL NAME OF INVENTOR	FAMILY NAME LINN	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Andrew
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2-009	FULL NAME OF INVENTOR	FAMILY NAME MOOK, Jr	FIRST GIVEN NAME Robert	SECOND GIVEN NAME/INITIAL Anthony
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME SMITH	FIRST GIVEN NAME Gary	SECOND GIVEN NAME/INITIAL Keith
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME VEAL	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Marvin
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Apex	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 8916 Weaver Crossing Road	CITY Apex	STATE & ZIP CODE/COUNTRY North Carolina 27502, US

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET
PU4870USw

First Names Inventor:
Andrews

Complete if known:
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THIOPHENE COMPOUNDS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on _____ as United States application Serial No. _____ or PCT International

Application Number PCT/US03/24272 filed August 4, 2003 and was amended on (MM/DD/YYYY)
_____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

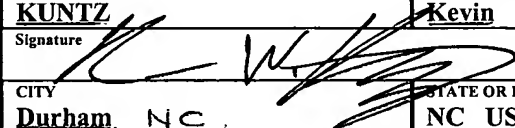
PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/402,008	08/08/2002
2.	

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4870USW
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>				
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION				
		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462</p>				
Address all correspondence and telephone calls to Customer Number <u>23347</u> David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398			Direct Telephone Calls to: <div style="text-align: center;">Lorie Ann Morgan 919-483-8222</div>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Date:		
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		ANDREWS, III	Clarence	W
		Signature		
		Durham	NC	US
		GlaxoSmithKline, Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Date:		
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		CHEUNG	Mui	
		Signature		
		Durham	NC US	CN
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Date:		
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		DAVIS-WARD	Ronda	G
		Signature		
		Durham	NC US	US
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME DREWRY	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL Howard
0	INVENTOR'S SIGNATURE	Signature		Date:
4	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME EMMITTE	FIRST GIVEN NAME Kyle	SECOND GIVEN NAME/INITIAL Allen
0	INVENTOR'S SIGNATURE	Signature		Date:
5	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME HUBBARD	FIRST GIVEN NAME Robert	SECOND GIVEN NAME/INITIAL Dale
0	INVENTOR'S SIGNATURE	Signature		Date:
6	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
7-00 2	FULL NAME OF INVENTOR	FAMILY NAME KUNTZ	FIRST GIVEN NAME Kevin	SECOND GIVEN NAME/INITIAL W
0	INVENTOR'S SIGNATURE	Signature 		Date: 10/7/03
7	RESIDENCE & CITIZENSHIP	CITY Durham NC	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME LINN	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Andrew
0	INVENTOR'S SIGNATURE	Signature		Date:
8	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME MOOK, Jr	FIRST GIVEN NAME Robert	SECOND GIVEN NAME/INITIAL Anthony
0	INVENTOR'S SIGNATURE	Signature		Date:
9	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME SMITH	FIRST GIVEN NAME Gary	SECOND GIVEN NAME/INITIAL Keith
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME VEAL	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Marvin
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Apex	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 8916 Weaver Crossing Road	CITY Apex	STATE & ZIP CODE/COUNTRY North Carolina 27502, US

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY <input type="checkbox"/> Declaration submitted with initial filing or <input type="checkbox"/> Declaration submitted after initial filing (surcharge required 37CFR1.16(e))	ATTORNEY'S DOCKET PU4870USw
	First Names Inventor: Andrews
	<u>Complete if known:</u> App No.:
	Filing Date
Group Art Unit:	

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THIOPHENE COMPOUNDS

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on _____ as United States application Serial No. _____ or PCT International

Application Number PCT/US03/24272 filed August 4, 2003 and was amended on (MM/DD/YYYY)
 _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/402,008	08/08/2002
2.	

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4870USW	
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>					
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION					
			STATUS (Check one)		
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		PATENTED	PENDING
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462</p>					
Address all correspondence and telephone calls to Customer Number 23347 David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398				Direct Telephone Calls to: Lorie Ann Morgan 919-483-8222	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>					
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL	
		ANDREWS, III	Clarence	W	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
		Durham	NC	US	
	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY	
		GlaxoSmithKline, Five Moore Drive, PO Box 13398		NC 27709 US	
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL	
		CHEUNG	Mui		
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
		Durham	NC US	CN	
	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY	
		GlaxoSmithKline Five Moore Drive, PO Box 13398		North Carolina 27709, US	
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL	
		DAVIS-WARD	Ronda	G	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
		Durham	NC US	US	
	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY	
		GlaxoSmithKline Five Moore Drive, PO Box 13398		North Carolina 27709, US	

2 0 4	FULL NAME OF INVENTOR	FAMILY NAME DREWRY	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL Howard
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME EMMITTE	FIRST GIVEN NAME Kyle	SECOND GIVEN NAME/INITIAL Allen
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME HUBBARD	FIRST GIVEN NAME Robert	SECOND GIVEN NAME/INITIAL Dale
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 7	FULL NAME OF INVENTOR	FAMILY NAME KUNTZ	FIRST GIVEN NAME Kevin	SECOND GIVEN NAME/INITIAL W
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 8	FULL NAME OF INVENTOR	FAMILY NAME LINN	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Andrew
	INVENTOR'S SIGNATURE	Signature <i>James Andrew Linn</i>		Date: <i>Oct. 7, 2003</i>
	RESIDENCE & CITIZENSHIP	CITY Durham NC	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 9	FULL NAME OF INVENTOR	FAMILY NAME MOOK, Jr	FIRST GIVEN NAME Robert	SECOND GIVEN NAME/INITIAL Anthony
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

10-002	FULL NAME OF INVENTOR	FAMILY NAME SMITH	FIRST GIVEN NAME Gary	SECOND GIVEN NAME/INITIAL Keith
1	INVENTOR'S SIGNATURE	Signature <i>[Signature]</i>		Date: 10-7-03
0	RESIDENCE & CITIZENSHIP	CITY Durham NC	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME VEAL	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Marvin
1	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Apex	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS 8916 Weaver Crossing Road	CITY Apex	STATE & ZIP CODE/COUNTRY North Carolina 27502, US

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET
PU4870USw

First Names Inventor:
Andrews

Complete if known:
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THIOPHENE COMPOUNDS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on _____ as United States application Serial No. _____ or PCT International

Application Number PCT/US03/24272 filed August 4, 2003 and was amended on (MM/DD/YYYY)
_____ (if applicable)

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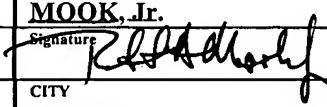
PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
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I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/402,008	08/08/2002
2.	

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4870USW
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>				
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION				
		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462</p>				
Address all correspondence and telephone calls to Customer Number <u>23347</u> David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398			Direct Telephone Calls to: <div style="text-align: center;">Lorie Ann Morgan 919-483-8222</div>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME ANDREWS, III	FIRST GIVEN NAME Clarence	SECOND GIVEN NAME/INITIAL W
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline, Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP CN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME DAVIS-WARD	FIRST GIVEN NAME Ronda	SECOND GIVEN NAME/INITIAL G
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

204	FULL NAME OF INVENTOR	FAMILY NAME DREWRY	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL Harold
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
205	FULL NAME OF INVENTOR	FAMILY NAME EMMITTE	FIRST GIVEN NAME Kyle	SECOND GIVEN NAME/INITIAL Allen
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
206	FULL NAME OF INVENTOR	FAMILY NAME HUBBARD	FIRST GIVEN NAME Robert	SECOND GIVEN NAME/INITIAL Dale
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
207	FULL NAME OF INVENTOR	FAMILY NAME KUNTZ	FIRST GIVEN NAME Kevin	SECOND GIVEN NAME/INITIAL W
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
208	FULL NAME OF INVENTOR	FAMILY NAME LINN	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Andrew
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
9-002	FULL NAME OF INVENTOR	FAMILY NAME MOOK, Jr.	FIRST GIVEN NAME Robert	SECOND GIVEN NAME/INITIAL Anthony
	INVENTOR'S SIGNATURE	Signature 		Date: 6/21/04
	RESIDENCE & CITIZENSHIP	CITY Durham NC	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME SMITH	FIRST GIVEN NAME Gary	SECOND GIVEN NAME/INITIAL Keith
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
0	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME VEAL	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Marvin
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Apex	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS 8916 Weaver Crossing Road	CITY Apex	STATE & ZIP CODE/COUNTRY North Carolina 27502, US